



E000656



TO: Special Assistant to the Secretary
(Health and Medical Affairs)

November 20, 1964

FROM: Director, NIH

SUBJECT: Suggestions re the draft report of the President's Commission

In our discussion yesterday of the present draft of the Report of the President's Commission on Heart Disease, Cancer and Stroke, I suggested certain alternatives in treating the recommendations of that report. I thought it might be well to focus on the major and essential proposals for action, and to play down or to jettison from the report those recommendations which seemed doubtfully germane; not really needed or possibly inappropriate for this particular document. I believe cutting back on certain of the miscellaneous general recommendations, as well as on those of highly specific but limited import, would increase the impact of this document and enhance its stature as a report of a Presidential Commission.

Accordingly, we have taken the 34 numbered recommendations in the report and distributed them into three categories as follows:

Category 1: Those numbered recommendations that make innovative proposals centered upon the essential subject matter of the Commission's concern; namely, heart disease, cancer and stroke. Thus the recommendations of this group represent the very essence of the new, different, and necessary actions flowing from the Commission's examination of the nature of these diseases and the problems associated with them.

Category 2: Those important recommendations covering actions deemed essential to underpin the accomplishment of the proposals in category 1.

Category 3: Those recommendations covering matters which--as I see it--should not appear as separate numbered recommendations in the Commission's report proper. Reasons vary: Some are not felt to be importantly germane to the Commission's purpose; others I feel are unnecessary because of other national action in respect to them; others seem inappropriate to the circumstances and purposes of a Presidential Commission report.

This proposed treatment of the recommendations reflects a fairly definite concept of what the character and scheme of the Commission's report should be. In brief: the report proper should be confined to major innovative

recommendations and their essential correlaries. Other important matters should be treated with appropriate emphasis but not be made the subject of individual recommendations to avoid diminishing the force of the more critical matters. The report of the Commission proper should indicate its affirmative view of the many detailed recommendations in the individual panel reports but express a view that these must be the subject of careful assessment within the context of other policy, budgetary and Executive Department considerations. This framework, I believe, would provide adequately for a positive expression of the Commission's views on new and essential actions, without involving the Commission in a tangle of specifics about which the Commission could hardly have had the time to draw judicious conclusions in such detail. For example, one might ask: Is it appropriate for a Presidential Commission to single out a particular organizational unit and recommend that its function be established as a line item in the budget at a specific dollar sum? The important matter, it seems to me, would be to establish, in general terms, the need out of which this specific action could flow.

With this as background, here is our suggested grouping of the recommendations, with some comment on policy, legislative or feasibility aspects:

Category 1

Those numbered recommendations which encompass innovative and unique proposals centered upon the essential subject matter of the Commission's concern, namely, heart disease cancer and stroke.

Recommendation No. 1--Regional centers for heart disease, cancer and stroke

This recommendation is clearly the basic innovative action concluded upon by the Commission. Although their nature and operating character is well described, the major policy departure that they represent, namely Federal involvement in the medical care of that portion of the general population afflicted with problems of heart disease, cancer, or stroke, is not treated in any way requisite to establishing the rationale for this departure. Grave questions of relationships to community medical practice and the financing of medical care loom between the lines of this proposal. Insofar as the centers would be confined to research and research training and clearly related purposes they would perhaps be encompassable within present legislative authorities of the Public Health Service. However, it seems clear that the concept of these centers contemplates substantial involvement in direct medical care functions. The inclusion of this latter element would mean that new legislative authorities would have to be sought for the initiation of this program. Indeed, the significance and magnitude of the public policy issues represented by this proposal argue strongly for a clear Congressional consensus in the undertaking of this effort.

Another matter in respect to these centers which is not adequately treated is the clear limitation upon the rate of development of such a program that would result from the present manpower resources. While the report does indeed urge many actions in respect to manpower, nevertheless, the scheduling of this center program in terms of dollars and magnitudes proposed by year seem completely unrealistic in the fact of current manpower capabilities plus any reasonable expectations concerning the rate of manpower expansion. Greater recognition of this problem would give a better sense of reasonableness to this important proposal.

Recommendation No. 2--Diagnostic and treatment centers

Most of the comment given above in respect to the network of regional centers is equally applicable to the concept of the national network of diagnostic and treatment stations. They present similar issues in the area of medical care, the legislative base necessary for initiation of the program, and the necessary constraints imposed by manpower shortages. The schedule of number of units and dollars required by year seems to me to constitute a degree of specificity which has no clear factual base in the discussion and seems both inappropriate and unwise in a Presidential report because of the almost intrusive constraints it places upon Presidential judgment.

Recommendation No. 5--A national stroke program unit

The creation of a specific organizational entity for the direction and administration of the set of innovative activities proposed by the Commission in the area of stroke seems indeed appropriate in view of the fact that there is no present separate location of program concern for the full scope of activities related to stroke within the Public Health Service. The necessary emphasis to be given to this field seems clearly to argue for this organizational representation. The proposal does present policy problems in that both research and service activities would be encompassed within the unit as recommended by the Commission. The present Public Health Service organization has utilized as a first principle a distinction between research and service programs. Some recognition of this fact and the Commission's view of it would seem desirable.

The three recommendations above would, in our view, constitute the essential innovative proposals of the Commission.

Category 2

These important recommendations covering actions deemed essential to underpin the accomplishment of the proposals in category 1.

In this category are encompassed those recommendations which can be viewed as essential actions of a broader and general nature to create the set of circumstances necessary to make possible and to underpin the accomplishment of the primary proposals. It would appear desirable to treat these set of recommendations in a cohesive and logical whole and in which their important relationships and the overall rationale relating to them can be developed without the distinction of the specifics of dollars and numbers which now intrude into the treatment of so many of these proposals.

The recommendations as they now exist in the draft omit two matters which ought to be the subject of major recommendation since to us they are almost the sine qua non of the accomplishment of the primary purposes:

1. Although several of the recommendations deal implicitly with the problem of general operating support for medical education, there is no numbered recommendation treating this fundamental matter. It seems to me imperative that the report of the Commission directly, boldly and unequivocally state the need for recognizing Federal responsibility and action in direct support of medical education as one of the essential acts in the enlargement and improvement of the physician manpower resources of the Nation. Without this direct action none of the other proposals relating to health manpower can really accomplish the task. Furthermore, without such provision we will again be confronted with pressures to distort existing research and training programs to compensate for the defects resulting from the lack of direct operating subsidy of undergraduate medical education.
2. It is unrealistic in the extreme, and in my belief downright misleading to both the President and the Congress, to propose innovative and sweeping Federal programs of the character encompassed in this report without the frank statement that without significant increase in present Federal salary ceilings it will be impossible to obtain and retain the leadership and scientific and technical capability essential to the successful mounting of these activities. As you are well aware, vital programs of the National Institutes of Health are languishing because of our inability to recruit leadership capabilities- commensurate with the scope, technical demands, and national importance of these programs. To ignore or to equivocate with this problem is, I believe a disservice to the people of the country who will place great hopes in the vigor and wisdom with which these proposals will be implemented.

Comments on the specific recommendations which we believe should constitute category number 2 in this concept of the organization of the report are as follows:

The recommendations in this category cover actions which may be considered essential to make possible or to underpin the accomplishment of the primary programs included in category 1. They concern community facilities and programs, communication activities, manpower and training needs, and the furtherance of research. In the concept of the report out of which these general suggestions for reorganization are developed it would seem best to group the recommendations in this category according to the broad subject matter groupings indicated above. In addition, certain of these recommendations should be strengthened and clarified, and in almost all instances the recommendations should provide clear emphasis on the relationship of the proposals made to the prime concern of the Commission, namely, the problem of heart disease, cancer and stroke.

Group A. Recommendations aimed at enlarging, strengthening, improving integrating the facilities and programs for regional and community activity:

- Recommendation No. 3 - Development of medical complexes
- Recommendation No. 6 - Community planning grants
- Recommendation No. 8 - Support of local programs
- Recommendation No. 9 - Statewide programs for heart disease control
- Recommendation No. 31- Statistical programs.

Group B. Communications activities

- Recommendation No. 12 - Public information on heart disease, cancer and stroke
- Recommendation No. 30 - National medical audiovisual center

Group C. Manpower, training and support of the educational process

- Recommendation No. 4 - Development of educational centers of excellence
- Recommendation No. 11 - Continuing education of health professions
- Recommendation No. 18 - Expansion of resources for preparation of health manpower
- Recommendation No. 19 - Recruitment for the health professions
- Recommendation No. 20 - Undergraduate training in medical and dental schools
- Recommendation No. 22 - Support of clinical training
- Recommendation No. 24 - Training of health technicians
- Recommendation No. 26 - Continuous assessment of health manpower needs.

Group D. Research and Development

This grouping would encompass much of the material now included in Chapter 5 of the draft report. However, most of the recommendations encompassed in this chapter seem unnecessary as numbered recommendations since for the most part there is clear definite national policy and support for many of the matters covered, i.e., research project grants, general research support grants, payment of full overhead costs. The recommendations numbers 13 and 14 on non-categorical biomedical research institutes and specialized categorical research centers do not seem to be distinguishable from the resources and capabilities and the area of research that will result from the major recommendations covered in category 1 and category 2, Group C, as outlined in this memorandum. In any case, the objective of these recommendations seem clearly accomplishable within the context of the enlargement and strengthening of medical schools, medical complexes and the network of regional categorical centers. This discussion could also encompass most of the resources needs relating to medical research which are now covered in chapter 7 of the report and provide a basis for the legislative recommendations included in chapter 8, of which recommendation number 16, contracting authority for research and development, is a major component.

Category 3

Those recommendations covering matters which should not appear as separate numbered recommendations in the Commission's report.

The following recommendations are considered inappropriate for inclusion as specific recommendations in the Commission's report for one or more of the following reasons: they are not germane to the main purposes of the report; they are more appropriate for inclusion in general statements concerning factors which underlie four broad groupings discussed under category 2; they are covered by other recommendations or existing programs; they are more appropriately included in the detailed statements in Volume II of the report.

Recommendation No. 7--Community health research and demonstration

This general need could be suitably mentioned as a supporting consideration under category 2, group A and also discussed under group D.

Recommendation No. 10--National cervical cancer detection program

This problem has been the subject of major program proposals and appropriation actions over the past 10 years. It is hardly new and does not enhance the Commission's report. The specific needs in this area would seem to be covered by recommendations numbers 2, 8, 12, and the regular activities of the cancer control program. Mention of this specific need might be made in Volume II.

Recommendation No. 13--Biomedical research institutes

The need for continued and expanding support of fundamental biomedical research could be included in the discussion of research under category 2, group D, where this need could be considered in relationship to the need for research project support and other programs. The rationale for these institutes in the context of the other major expansion of facilities and programs proposed, is not evident. The need for such a departure from the current pattern of medical research is not set forth.

Recommendation No. 14--Specialized research centers

These centers might be more effectively organized as part of the regional centers described in recommendation No. 1.

Recommendation No. 15--Research project grants

Expansion of research support is a necessary consequence of the major recommendations of the Commission. The need for adequate research project grant funds could be mentioned under category 2, group D, as a general underlying factor supportive of the specific recommendations of the Commission.

Recommendation No. 17--General support for research

The General Research Support Program is a logical component of a general discussion under category 2, group D of the need for broad research support and vigorous institutions engaged in biomedical research and a separate recommendation seems unnecessary.

Recommendation No. 17-A--Payment of indirect costs

The payment of full indirect costs has long been the policy of the Executive Branch of the Government.

Recommendation No. 21--Training for research

These needs could be mentioned in the discussion under category 2, group C.

Recommendation No. 23--Stabilization of academic positions

The purposes of this recommendation could be better accomplished through the provision of general operating support to the medical schools, as previously mentioned, and through the means provided in recommendation number 3, and the present general research support grants.

Recommendation No. 25--Training of specialists in health communications

This purpose would be an appropriate part of the detailed discussion in Volume II of the report. The specificity of this recommendation seems inappropriate.

Recommendation No. 27--Expanding patient care facilities

This endorsement could be part of a general statement on underlying factors supportive of the Commission's goals under category 2, group A.

Recommendation No. 28--Strengthening the Federal hospital program

The research potential of the Federal hospital system could be mentioned as an underlying factor in category 2, group D.

Recommendation No. 29--Medical libraries

The general need for improvements in the medical library system could be discussed as an important supporting factor under category 2, group B.

Recommendation No. 32--Animal resources for biomedical research

The needs in this area are an underlying consideration best discussed under category 2, group D.

Recommendation No. 33--A clearinghouse for drug information

This proposal is not directly germane, nor does the mechanism deal with the essential problems in the area of drugs as they relate to cancer, heart disease, and stroke.

Recommendation No. 34--International research and training programs

The role of international programs and the importance to the national biomedical research effort are more appropriately a part of the general discussion under category 2, group D. A separate recommendation seems inappropriate.

I hope that these suggestions will be helpful. I will be happy to discuss them with you further.

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